

**WISCONSIN MEDICAID  
STAT-PA DRUG WORKSHEET FOR  
BRAND NAME PROTON PUMP INHIBITOR DRUGS (PPIs)**

This worksheet is to be used by pharmacists and dispensing physicians only.

<b>Name — Recipient</b>	
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The Specialized Transmission Approval Technology-PA (STAT-PA) system will ask for the following items in the order listed below:

**GENERAL INFORMATION**

<b>Wisconsin Medicaid Provider Number</b>	_____
<b>Recipient Medicaid Identification Number</b>	_____
<b>National Drug Code</b>	_____
<b>Prescriber's Drug Enforcement Administration Number</b>	_____
<b>Diagnosis Code</b> Use the most appropriate <i>International Classification of Diseases, Ninth Revision, Clinical Modification</i> diagnosis code. The decimal is not necessary. The diagnosis code must be one of the PPI-approved codes.*	
<b>Place of Service (Patient Location)</b> Use patient location code "00" (Not Specified), "01" (Home [IV-IM Services Only]), "04" (Long Term/Extended Care), "07" (Skilled Care Facility), or "10" (Outpatient).	_____
<b>Date of Service</b> The date of service may be up to 31 days in the future, or up to four days in the past.	
<b>Days' Supply Requested**</b>	

**CLINICAL INFORMATION**

1. Has the recipient tried and failed or had an adverse reaction to Omeprazole? If yes, press "1." If no, press "2." \_\_\_\_
  - a. If yes, the PA request will be approved for up to 365 days.
  - b. If no, the provider will be asked:
2. Is the recipient a pregnant woman or a child who weighs less than 20 kilograms?
  - a. If yes, the PA request will be approved for up to 365 days.
  - b. If no, the provider will be asked:
3. Is the recipient unable to swallow over-the-counter Prilosec due to a mechanical swallowing dysfunction secondary to a disease process (e.g., cancer, stomatitis, or oral-pharyngeal trauma) or tissue injury?
  - a. If yes, the PA request will be approved for 365 days.
  - b. If no, the provider will receive the following message: "Your prior authorization request requires additional information. Please submit your request on paper with complete clinical documentation."

**STAT-PA RESPONSE**

<b>Assigned PA Number</b>	_____
<b>First Date of Service</b>	
<b>Expiration Date</b>	
<b>Number of Days Approved</b>	

*Continued*

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**ADDITIONAL INFORMATION**

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The pharmacist learned of this diagnosis or reason for use when:

- ☐ The patient informed the pharmacist through patient consultation. In most cases, it is possible to learn the necessary information from the patient.
- ☐ The physician wrote the diagnosis or reason for use on this form or on a prior prescription order for this drug.
- ☐ The physician or personnel in the physician's office informed the pharmacist by telephone, either now or on a previous occasion.

Check the appropriate box:

- ☐ This is a new PA request.
- ☐ This is a renewed PA request.

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\*PPI-approved codes are:

E9356 NSAID-induced gastric ulcer, NSAID-induced duodenal ulcer  
4186 H. Pylori infection  
2515 Zollinger-Ellison syndrome  
53019 Erosive esophagitis  
53081 Gastroesophageal reflux  
5368 Gastric hypersecretory condition

\*\*Days' supply requested equals the total days allowed by prescription. For example, for a one-year supply, providers should enter "365."